

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS							
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		No.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2	1		1				52
3			1				53
4	1		1				54
5	1		1				55
6	1		1				56
7	1		1				57
8	1		1				58
9	1		1				59
10	1		1				60
11			1				61
12	1		1				62
13	1		1				63
14	1		1				64
15			1				65
16	1		1				66
17	1		1				67
18	1		1				68
19	1		1				69
20	1		1				70
21	1		1				71
22	1		1				72
23	1		1				73
24	1		1				74
25	1		1				75
26	1		1				76
27			1				77
28			1				78
29			1				79
30	1		1				80
31	1		1				81
32	1		1				82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.		2					TOTAL IND.
TOTAL DEP.		36					TOTAL DEP.
TOTAL CLAIMS		121					TOTAL